

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074779

Entity Name: SPIKE'S TACTICAL, LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

2593 CLARK STREET
103
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1800 BOBTAIL DRIVE
MAITLAND, FL 32751

New Mailing Address:

2593 CLARK STREET
103
APOPKA, FL 32703

FEI Number: 20-1761416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTER, MICHAEL W
1800 BOBTAIL DRIVE
MAITLAND, FL FL US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REGISTER, MICHAEL W
Address: 1800 BOBTAIL DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: REGISTER, ANGELA M.
Address: 1800 BOBTAIL DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: DUMST, JAMES
Address: 944 STILLWELL COURT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DUNST, JAMES
Address: 944 STILLWELL COURT
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL REGISTER

MGRM

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date